

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.
Serial No. : 09/464,161
For : IMAGE PROCESSING APPARATUS, IMAGE
PROCESSING METHOD, PROVIDING MEDIUM
AND PRESENTATION SYSTEM
Filed : December 16, 1999
Examiner : K. Nguyen
Art Unit : 2674


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AUG 09 2002
745 Fifth Avenue
Technology Center, NY 10151
New York 10001

*Approve
8/13/02
KN*

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addressed to: Assistant Commissioner for Patents, Washington,
DC 20231, on July 31, 2002

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative



Signature

July 31, 2002

Date of Signature

REQUEST FOR APPROVAL OF DRAWING CHANGES

Assistant Commissioner for Patents
Washington, D.C. 20231
Attn: Official Draftsman

Dear Sir:

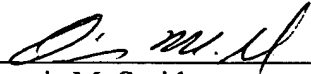
Please approve the below-noted changes in the drawings of the above-entitled
application:

Fig. 1: Please add a box, the label "CAPTURED IMAGE", and an extension line
as shown in red ink on the attached print.

The noted changes, if approved, will be incorporated in formal drawings to be
filed upon the allowance of the application.

Respectfully submitted,

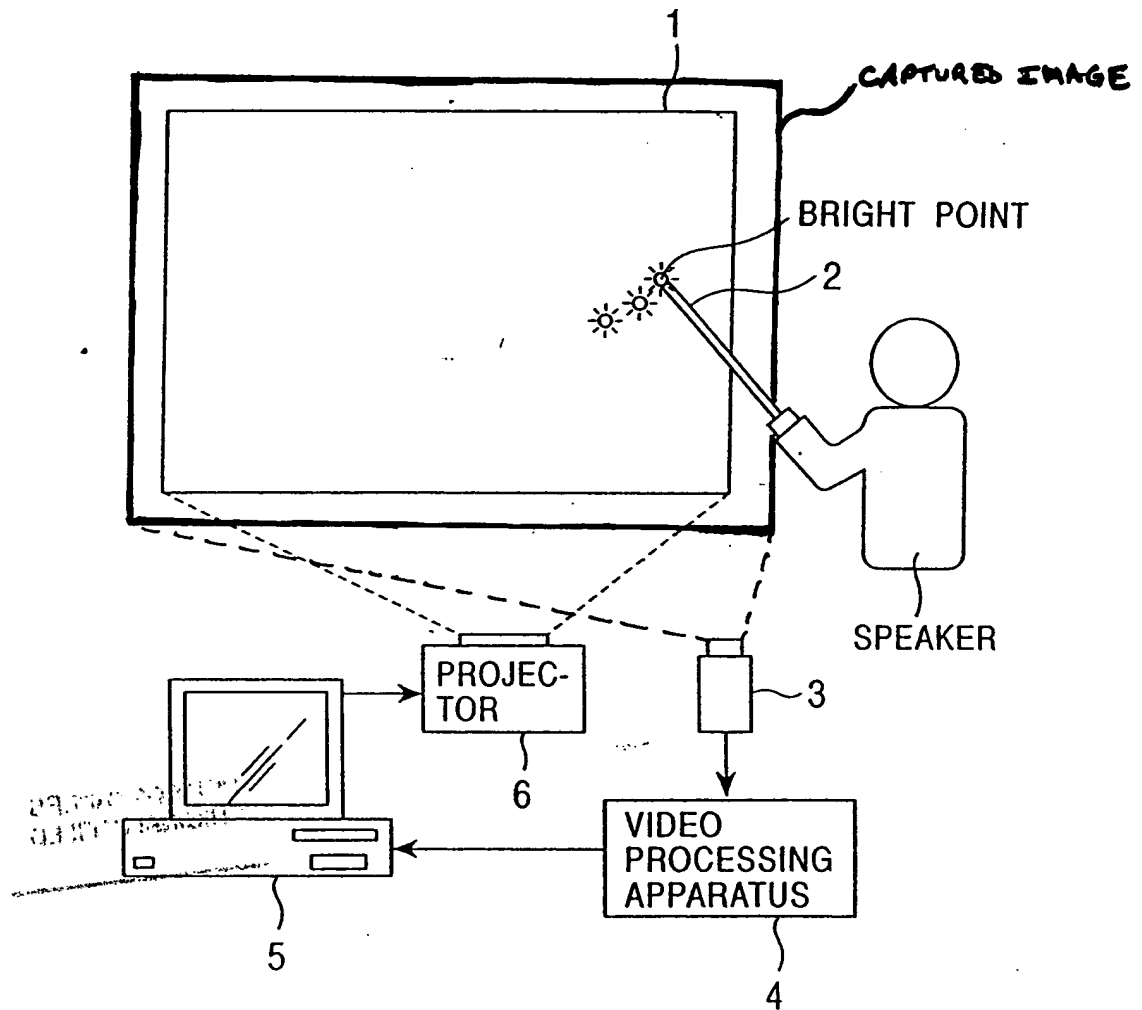
FROMMER LAWRENCE & HAUG LLP
Attorneys For Applicant

By: 
Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800



1 / 17

FIG. 1





PATENT
450100-02228

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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	= 20	0 x	\$18(9)	= \$00.00
Independent claims	4	Minus	= 7	0 x	\$78(39)	= \$.00
				Total additional fee for this amendment		\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$400 (\$200), __ \$920 (\$460), __ \$1,440 (\$720) for the requisite extension __ paid herewith.
- ☐ A check in the amount of \$.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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